

FILED

1 Ronald H. Chew, SBN 182121
2 LAW OFFICES OF RONALD H. CHEW APLC
3 3699 Wilshire Boulevard, 7th Floor
4 Los Angeles, California 90010-2726
5 Tel: 213-251-2300
6 Fax: 213-251-2310

11 MAR 15 AM 8:49

CLERK U.S. DISTRICT COURT
CENTRAL DIST. OF CALIF.
LOS ANGELES

BY:

5 Attorney for Plaintiff,
6 LESLIE TURNER

8 UNITED STATE DISTRICT COURT

9 CENTRAL DISTRICT OF CALIFORNIA

10
11 LESLIE TURNER,) Case No.:
12 Plaintiff,)
13 vs.) COMPLAINT FOR DAMAGES
14) NEGLIGENCE/MEDICAL
15 UNITED STATES OF AMERICA, and) MALPRACTICE
16 DOES 1 to 100,)
17 Defendants.)
18 _____)

CV11 02178 CAS (JCx)

LAW OFFICES OF RONALD H. CHEW APLC
3699 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90010-2719 (213) 251-2300

19 COMES NOW PLAINTIFF WHO ALLEGES THE FOLLOWING:

20 1. This action arises under the Federal Tort Claims Act,
21 28 United States Code Section 2671 et.seq. This Court is vested
22 with jurisdiction pursuant to 28 USC §1346(B) and 28 USC §2671.
23 The matter in controversy exceeds, exclusive of interest and
24 costs, the sum of \$75,000.

25 2. On or about October 26, 2009, Plaintiff LESLIE Turner
26 filed a claim for damages, injury or death on standard Form 95 to
27 the United States of America and its agency, the National
28 Institutes of Health for the sum of \$100,000.

1 3. Over six months have passed since the filing of the
2 administrative claim of LESLIE Turner without disposition by the
3 United State of America through the National Institutes of
4 Health. Accordingly pursuant to 28 USC §2675 Plaintiff is
5 authorized to file the instant complaint for medical malpractice
6 and loss of consortium, which has been duly commenced after 6
7 months of the filing of said claims.

8 4. The true names and capacities, whether individual,
9 corporate, associate, or otherwise, of defendants DOES 1 through
10 100, inclusive, are unknown to plaintiff at this time. Plaintiff
11 sues those defendants by such fictitious names and will amend
12 this complaint to show their true names and capacities when they
13 have been ascertained. Plaintiff is informed and believes, and
14 based on that information and belief alleges, that each of the
15 defendants designated as a DOE is negligently or otherwise
16 legally responsible for the events and happenings referred to in
17 this complaint, and negligently or otherwise unlawfully caused
18 the injuries and damages to plaintiff alleged in this complaint

19 5. Plaintiff LESLIE Turner is a resident of the State of
20 California within the Central District.

21 6. The acts and omissions complained of herein occurred
22 within the Montgomery District of Maryland.

23 7. Plaintiff LESLIE TURNER was and continues to be the
24 wife of NIGEL TURNER.

25 8. Defendant United States of America operates a health
26 care facility known as the National Institutes of Health in
27 Baltimore, Maryland. Defendant, in operating its hospital, holds
28 itself out to individuals to use that degree of care, skill,

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1 diligence, and attention used by hospitals generally in the
2 community in the care and treatment of patients. The hospital
3 operated by defendant has in its employ, among others, doctors,
4 nurses, interns, residents, student nurses, nurses' aids and
5 other hospital personnel over which the defendant exercises
6 exclusive control and supervision, with the right to employ and
7 discharge such employees.

8 9. Plaintiff is informed and believes, and based on that
9 information and belief alleges, that at all times mentioned in
10 this complaint, defendants were the agents and employees of their
11 codefendants, and in doing the things alleged in this complaint
12 were acting within the course and scope of such agency and
13 employment.

14 10. On or about February 4, 2008, NIGEL TURNER presented
15 himself to the physicians and other medical staff members of the
16 National Institutes of Health, in Bethesda, Maryland in order to
17 ascertain the state of his health and diagnose any possible
18 diseases and physical conditions.

19 11. On or about February 4, 2008, NIGEL TURNER, a patient
20 at the National Institutes of Health, was prescribed, ordered and
21 given 40 milligrams of Adderall XR, an extended release
22 amphetamine.

23 12. NIGEL TURNER questioned the Adderall XR prescription
24 and dosage because he had recently discontinued use of Emsam, a
25 MAOI known to react adversely with amphetamines for up to 2 weeks
26 after discontinuation. NIGEL TUNER was informed that Adderall
27 was ordered by the supervising physician and that dosage was
28 correct.

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1 13. Thirty minutes later, NIGEL TURNER went into severe
2 hypertensive crisis, suffered severe rises and falls in blood
3 pressure and excruciating pain in his head.

4 14. Plaintiff LESLIE TURNER believing that her husband was
5 dying, screamed for help. Doctors arrived and were confused.
6 Upon realizing the seriousness of the situation declared it a
7 "Code Blue" emergency.

8 15. NIGEL TURNER was administered Charcoal and Lactulose to
9 minimize absorption of the amphetamine salts. However this
10 improper treatment with Charcoal resulted in the retention of the
11 various adversely reacting drugs in NIGEL TURNER's body.

12 16. NIGEL TURNER was admitted to ICU and while there was
13 forced to suffer severe rises and falls in his blood pressure
14 that resulted in excruciating headaches and near death abnormally
15 low and high blood pressures.

16 17. Plaintiff LESLIE TURNER was by her husband's side
17 during this entire ordeal. She witness her husband repeated near
18 death experience and struggled with the hospital staff to save
19 her husband from their negligence. She felt desperate and
20 hopeless.

21 18. This torturous cycle lasted in ICU for 4 days.
22 Defendants, and each of them, owed a duty, such as the duty of
23 reasonable care, to plaintiff's spouse at the time of the injury.

24 19. As a direct and proximate result of defendant's
25 negligent conduct, Plaintiff's husband continues to have
26 nightmares and has been diagnosed with post traumatic stress
27 disorder.

28 20. Before suffering these injuries, plaintiff's husband

1 was able to and did perform all the duties of a husband and did
2 perform all these duties, including assisting in maintaining the
3 home, and providing love, companionship, affection, society,
4 sexual relations, moral support, and solace to plaintiff.

5 21. As a direct and proximate result of the injuries,
6 plaintiff's husband has been unable to perform the duties of a
7 husband. Due to the nature of the injuries sustained by
8 plaintiff's husband and the severe physical and psychological
9 strains they cause him, plaintiff's husband is no longer able to
10 provide plaintiff with love, companionship, affection, society,
11 moral support, and solace. Because of these injuries,
12 plaintiff's husband will be unable to perform these duties in the
13 future. Plaintiff is therefore deprived and will be permanently
14 deprived of her husband's consortium, all to plaintiff's damage,
15 in a total amount to be established by proof at trial.

16
17 WHEREFORE, plaintiff prays for judgment against defendants, and
18 each of them, as follows:

19 1. For general damages as provided;
20 2. For special damages as proved;
21 3. For costs of suit herein incurred; and

22
23 ///
24 ///
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1 5. For such other and further relief as the Court
2 deems just and proper.
3

4 DATE: March 1, 2011

Respectfully submitted,
LAW OFFICES OF RONALD H. CHEW

RONALD H. CHEW
Attorney for Plaintiff,
LESLIE TURNER

LAW OFFICES OF RONALD H. CHEW APLC
3699 Wilshire Boulevard, 7th Floor
Los Angeles, CA 90010-2719 (213) 251-2300

EXHIBIT

“A”

EXHIBIT “A” EXHIBIT “A” EXHIBIT “A” EXHIBIT “A” EXHIBIT “A”

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary. See reverse side for additional instructions.	FORM APPROVED OMB NO. 1105-0008								
<p>1. Submit to Appropriate Federal Agency:</p> <p>See Attached Sheet</p> <p>2. Name, address of claimant, and claimant's personal representative if any. (See instructions on reverse). Number, Street, City, State and Zip code.</p> <p>Lesley Turner, 2091 Mondo Court, Las Vegas, NV 89123; Ronald Chew, Esq., 3600 Wilshire Blvd., Ste. 700, Los Angeles, CA 90010</p> <p>+ []</p>											
3. TYPE OF EMPLOYMENT <input type="checkbox"/> MILITARY <input checked="" type="checkbox"/> CIVILIAN	4. DATE OF BIRTH 05/18/70	5. MARITAL STATUS Married	6. DATE AND DAY OF ACCIDENT Monday, February 4, 2008								
7. TIME (A.M. OR P.M.) approx. 11:00 a.m.											
<p>8. BASIS OF CLAIM (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof. Use additional pages if necessary).</p> <p>Claimant is the wife of Nigel Turner, a residing patient at the National Institute of Mental Health (NIMH). Mr. Turner was mistakenly given 40 milligrams of Adderall XR, an extended release amphetamine and Mr. Turner went into severe hypertensive crisis, was admitted to ICU, and suffered severe rises and falls in blood pressure for 4 days. Mr. Turner continues to have nightmares and has been diagnosed with post traumatic stress disorder. His wife, Claimant Lesley Turner, witnesses the near-death of her husband for 4 days. Mrs. Turner has also had to deal with her husband's post-traumatic stress disorder as a result of the incident.</p> <p>[]</p>											
<p>9. PROPERTY DAMAGE</p> <p>NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, Street, City, State, and Zip Code).</p> <p>BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF THE DAMAGE AND THE LOCATION OF WHERE THE PROPERTY MAY BE INSPECTED. (See instructions on reverse side).</p>											
<p>10. PERSONAL INJURY/WRONGFUL DEATH</p> <p>STATE THE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM. IF OTHER THAN CLAIMANT, STATE THE NAME OF THE INJURED PERSON OR DECEDENT.</p> <p>See #8, above. Claimant has suffered emotional distress as a result of witnessing the near-death of her husband for 4 days. In addition, this incident has caused undue stress on Claimant's marriage. Loss of consortium.</p>											
<p>11. WITNESSES</p> <table border="1"> <tr> <td>NAME</td> <td colspan="3">ADDRESS (Number, Street, City, State, and Zip Code)</td> </tr> <tr> <td>Nigel Turner</td> <td colspan="3">2091 Mondo Court Las Vegas, NV 89123</td> </tr> </table>				NAME	ADDRESS (Number, Street, City, State, and Zip Code)			Nigel Turner	2091 Mondo Court Las Vegas, NV 89123		
NAME	ADDRESS (Number, Street, City, State, and Zip Code)										
Nigel Turner	2091 Mondo Court Las Vegas, NV 89123										
<p>12. (See instructions on reverse). AMOUNT OF CLAIM (in dollars)</p> <table border="1"> <tr> <td>12a. PROPERTY DAMAGE</td> <td>12b. PERSONAL INJURY \$100,000.00</td> <td>12c. WRONGFUL DEATH</td> <td>12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$100,000.00</td> </tr> </table>				12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$100,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$100,000.00				
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY \$100,000.00	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights) \$100,000.00								
<p>I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE INCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.</p>											
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side).		13b. PHONE NUMBER OF PERSON SIGNING FORM 213-251-2300	14. DATE OF SIGNATURE October 26, 2009								
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS									
The claimant is liable to the United States Government for a civil penalty of not less than \$5,000 and not more than \$10,000, plus 3 times the amount of damages sustained by the Government. (See 31 U.S.C. 3729).		Fine, imprisonment, or both. (See 18 U.S.C. 287, 1001.)									

INSURANCE COVERAGE		
In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of the vehicle or property.		
15. Do you carry accident insurance? <input type="checkbox"/> Yes If yes, give name and address of insurance company (Number, Street, City, State, and Zip Code) and policy number. <input checked="" type="checkbox"/> No		
16. Have you filed a claim with your insurance carrier in this instance, and if so, is it full coverage or deductible? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		17. If deductible, state amount.
18. If a claim has been filed with your carrier, what action has your insurer taken or proposed to take with reference to your claim? (It is necessary that you ascertain these facts).		
19. Do you carry public liability and property damage insurance? <input checked="" type="checkbox"/> Yes If yes, give name and address of insurance carrier (Number, Street, City, State, and Zip Code). <input type="checkbox"/> No		
INSTRUCTIONS		
<p>Claims presented under the Federal Tort Claims Act should be submitted directly to the "appropriate Federal agency" whose employee(s) was involved in the incident. If the incident involves more than one claimant, each claimant should submit a separate claim form.</p> <p>Complete all items - Insert the word NONE where applicable.</p>		
<p>A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE, AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY</p> <p>Failure to completely execute this form or to supply the requested material within two years from the date the claim accrued may render your claim invalid. A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.</p> <p>If instruction is needed in completing this form, the agency listed in item #1 on the reverse side may be contacted. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplementing regulations. If more than one agency is involved, please state each agency.</p> <p>The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with the claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.</p> <p>If claimant intends to file for both personal injury and property damage, the amount for each must be shown in item number 12 of this form.</p>	<p>DAMAGES IN A <u>SUM CERTAIN</u> FOR INJURY TO OR LOSS OF PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN <u>TWO YEARS</u> AFTER THE CLAIM ACCRUES.</p> <p>The amount claimed should be substantiated by competent evidence as follows:</p> <p>(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of the injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.</p> <p>(b) In support of claims for damage to property, which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.</p> <p>(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.</p> <p>(d) Failure to specify a sum certain will render your claim invalid and may result in forfeiture of your rights.</p>	
PRIVACY ACT NOTICE		
<p>This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.</p> <p>A. Authority: The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 28 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.</p> <p>B. Principal Purpose: The information requested is to be used in evaluating claims.</p> <p>C. Routine Use: See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.</p> <p>D. Effect of Failure to Respond: Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid."</p>		
PAPERWORK REDUCTION ACT NOTICE		
<p>This notice is solely for the purpose of the Paperwork Reduction Act, 44 U.S.C. 3501. Public reporting burden for this collection of information is estimated to average 6 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Director, Torts Branch, Attention: Paperwork Reduction Staff, Civil Division, U.S. Department of Justice, Washington, DC 20530 or to the Office of Management and Budget. Do not mail completed form(s) to these addresses.</p>		

Box 1:

NATIONAL INSTITUTE OF HEALTH
Attn: Medical/Legal Section
10 Center Drive, MSC 1192
Building 10, Room 1N205
Bethesda, MD 20892

UNITED STATES DISTRICT COURT
for the

Central District of California

LESLIE TURNER

Plaintiff

v.

UNITED STATES OF AMERICA,
and DOES 1 to 100

Defendant

CV11 02178 CAS (JCx)

Civil Action No.

SUMMONS IN A CIVIL ACTION

To: (*Defendant's name and address*) UNITED STATES OF AMERICA

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are: Ronald H. Chew, LAW OFFICES OF RONALD H. CHEW
3699 Wilshire Blvd., 7th Floor, Los Angeles, CA 90010

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT

MAR 15 2011

Date: _____

CHRISTOPHER POWERS

Signature of Clerk or Deputy Clerk

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for *(name of individual and title, if any)* _____
was received by me on *(date)* _____.

I personally served the summons on the individual at *(place)* _____
on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____,
_____, a person of suitable age and discretion who resides there,
on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is
designated by law to accept service of process on behalf of *(name of organization)* _____
on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*: _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00 .

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET

I (a) PLAINTIFFS (Check box if you are representing yourself <input type="checkbox"/>) LESLIE TURNER	DEFENDANTS UNITED STATES OF AMERICA, and DOES 1 to 100																								
(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing yourself, provide same.) Ronald H. Chew, SBN182121 3699 Wilshire Blvd., 7th Floor Los Angeles, CA 90010 Tel: 213-251-2300 Fax: 213-251-2310 email: ronchewesq@yahoo.com																									
II. BASIS OF JURISDICTION (Place an X in one box only.)																									
<input type="checkbox"/> 1 U.S. Government Plaintiff <input type="checkbox"/> 3 Federal Question (U.S. Government Not a Party)	III. CITIZENSHIP OF PRINCIPAL PARTIES - For Diversity Cases Only (Place an X in one box for plaintiff and one for defendant.)																								
<input checked="" type="checkbox"/> 2 U.S. Government Defendant <input type="checkbox"/> 4 Diversity (Indicate Citizenship of Parties in Item III)	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">PTF</th> <th style="width: 33%; text-align: center;">DEF</th> <th style="width: 33%;"></th> <th style="width: 33%; text-align: center;">PTF</th> <th style="width: 33%; text-align: center;">DEF</th> </tr> </thead> <tbody> <tr> <td>Citizen of This State</td> <td style="text-align: center;"><input checked="" type="checkbox"/> 1</td> <td style="text-align: center;"><input type="checkbox"/> 1</td> <td>Incorporated or Principal Place of Business in this State</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> <td style="text-align: center;"><input type="checkbox"/> 4</td> </tr> <tr> <td>Citizen of Another State</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td style="text-align: center;"><input type="checkbox"/> 2</td> <td>Incorporated and Principal Place of Business in Another State</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> <td style="text-align: center;"><input type="checkbox"/> 5</td> </tr> <tr> <td>Citizen or Subject of a Foreign Country</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td style="text-align: center;"><input type="checkbox"/> 3</td> <td>Foreign Nation</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> <td style="text-align: center;"><input type="checkbox"/> 6</td> </tr> </tbody> </table>		PTF	DEF		PTF	DEF	Citizen of This State	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 1	Incorporated or Principal Place of Business in this State	<input type="checkbox"/> 4	<input type="checkbox"/> 4	Citizen of Another State	<input type="checkbox"/> 2	<input type="checkbox"/> 2	Incorporated and Principal Place of Business in Another State	<input type="checkbox"/> 5	<input type="checkbox"/> 5	Citizen or Subject of a Foreign Country	<input type="checkbox"/> 3	<input type="checkbox"/> 3	Foreign Nation	<input type="checkbox"/> 6	<input type="checkbox"/> 6
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IV. ORIGIN (Place an X in one box only.)																									
<input checked="" type="checkbox"/> 1 Original <input type="checkbox"/> 2 Removed from State Court <input type="checkbox"/> 3 Remanded from Appellate Court <input type="checkbox"/> 4 Reinstated or Reopened <input type="checkbox"/> 5 Transferred from another district (specify): <input type="checkbox"/> 6 Multi-District Litigation <input type="checkbox"/> 7 Appeal to District Judge from Magistrate Judge																									
V. REQUESTED IN COMPLAINT: JURY DEMAND: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (Check 'Yes' only if demanded in complaint.) CLASS ACTION under F.R.C.P. 23: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No MONEY DEMANDED IN COMPLAINT: \$ 100,000																									
VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)																									
VII. NATURE OF SUIT (Place an X in one box only.)																									
OTHER STATUTES <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce/ICC Rates/etc. <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 810 Selective Service <input type="checkbox"/> 850 Securities/Commodities/ Exchange <input type="checkbox"/> 875 Customer Challenge 12 USC 3410 <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Act <input type="checkbox"/> 892 Economic Stabilization Act <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 894 Energy Allocation Act <input type="checkbox"/> 895 Freedom of Info. Act <input type="checkbox"/> 900 Appeal of Fee Determination Under Equal Access to Justice <input type="checkbox"/> 950 Constitutionality of State Statutes	CONTRACT <input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loan (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	TORTS PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Fed. Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input checked="" type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury-Med Malpractice <input type="checkbox"/> 365 Personal Injury-Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus-Alien Detainee <input type="checkbox"/> 465 Other Immigration Actions	TORTS PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability BANKRUPTCY <input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 CIVIL RIGHTS <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 444 Welfare <input type="checkbox"/> 445 American with Disabilities - Employment <input type="checkbox"/> 446 American with Disabilities - Other <input type="checkbox"/> 440 Other Civil Rights	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus/Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition FORFEITURE / PENALTY <input type="checkbox"/> 610 Agriculture <input type="checkbox"/> 620 Other Food & Drug <input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 630 Liquor Laws <input type="checkbox"/> 640 R.R. & Truck <input type="checkbox"/> 650 Airline Regs <input type="checkbox"/> 660 Occupational Safety /Health <input type="checkbox"/> 690 Other	LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 730 Labor/Mgmt. Reporting & Disclosure Act <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWV (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g)) FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS-Third Party 26 USC 7609																				

FOR OFFICE USE ONLY: Case Number: **CV11 02178**

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

**UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA
CIVIL COVER SHEET**

VIII(a). IDENTICAL CASES: Has this action been previously filed in this court and dismissed, remanded or closed? No Yes
If yes, list case number(s): _____

VIII(b). RELATED CASES: Have any cases been previously filed in this court that are related to the present case? No Yes
If yes, list case number(s): CV10- 7761 R (VBKx)

Civil cases are deemed related if a previously filed case and the present case:

(Check all boxes that apply) A. Arise from the same or closely related transactions, happenings, or events; or
 B. Call for determination of the same or substantially related or similar questions of law and fact; or
 C. For other reasons would entail substantial duplication of labor if heard by different judges; or
 D. Involve the same patent, trademark or copyright, and one of the factors identified above in a, b or c also is present.

IX. VENUE: (When completing the following information, use an additional sheet if necessary.)

(a) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named plaintiff resides.
 Check here if the government, its agencies or employees is a named plaintiff. If this box is checked, go to item (b).

County in this District: <u>Los Angeles County, California</u>	California County outside of this District; State, if other than California; or Foreign Country
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(b) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH named defendant resides.
 Check here if the government, its agencies or employees is a named defendant. If this box is checked, go to item (c).

County in this District: <u>Los Angeles County, California</u>	California County outside of this District; State, if other than California; or Foreign Country
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(c) List the County in this District; California County outside of this District; State if other than California; or Foreign Country, in which EACH claim arose.

Note: In land condemnation cases, use the location of the tract of land involved.

County in this District: 	California County outside of this District; State, if other than California; or Foreign Country
	<u>Maryland</u>

* Los Angeles, Orange, San Bernardino, Riverside, Ventura, Santa Barbara, or San Luis Obispo Counties

Note: In land condemnation cases, use the location of the tract of land involved.

X. SIGNATURE OF ATTORNEY (OR PRO PER): Bethel et al Date March 1, 2011

Notice to Counsel/Parties: The CV-71 (JS-44) Civil Cover Sheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law. This form, approved by the Judicial Conference of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed but is used by the Clerk of the Court for the purpose of statistics, venue and initiating the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)

Key to Statistical codes relating to Social Security Cases:

Nature of Suit Code	Abbreviation	Substantive Statement of Cause of Action
861	HIA	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability. (42 U.S.C. 405(g))
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))